

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Geo A WadsworthName of deceased Gertrude M. CrockerAge 63 years          months          daysPlace of death Pharmacia B.Date of death June 28-36Cause of death Acute BronchitisInterment at SouthburyDate permit issued Jan July 1-36Certified by          M.D.

No. \_\_\_\_\_

# **BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Jan Clark  
(Office issuing permit)

City or Town of South Gough Mass.

Name of deceased Gertrude M. Clark

If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_

## **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough  
(Name of cemetery or crematory)

on February 2 - 1934

Certified by Adelbert E. Collins  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 20

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to A E Collins

Name of deceased Peter Rossi

Age 66 years — months — days

Place of death Southboro Mass

Date of death Feb 9 - 36

Cause of death Carcinoma of Stomach

Interment at South Cong

Date permit issued Feb 11 - 36

Certified by Clyde J Merrill M.D.

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Tom Olesky  
(Office issuing permit)City or Town of South County Mass.Name of deceased Peter P. P. P.If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery Southborough Mass.  
(Name of cemetery or crematory)on February 12 - 1936Certified by Adelbert E. Collins  
(Signature of Superintendent, cemetery or ~~crematory~~)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to JacobsName of deceased Mathison J. ValeAge 87 years 6 months  daysPlace of death San MateoDate of death July 24 - 36Cause of death Arterial HypertensionInterment at San MateoDate permit issued July 26 - 36Certified by Clyde H. Merrill M.D.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Ja. Cookman

Name of deceased

Charlotta Vary

Age

77

years

4

months

days

Place of death

Southbury

Date of death

March 16 - 1936

Cause of death

Myocardial Crisis

Interment at

Port Dover Ont. Can

Date permit issued

Mar. 17 - 36

Certified by

Rolando Munk

M.D.

No. 4

## BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Tom Black  
(Office issuing permit)

City or Town of Southbury Mass.

Name of deceased Charlotte Vary

If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Port Dover Cemetery, Port Dover, Ont.  
(Name of cemetery or crematory)

on Mar. 18 / 36

Certified by W. B. Thompson  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Adelbert Collins

Name of deceased Edward Ellsworth Chase

Age 70 years    months 20 days

Place of death Pearl St. Southboro. Mass.

Date of death March 20. 1936

Cause of death Hemorrhage (Cerebral Apoplexy)

Interment at Rural Cemetery Southboro

Date permit issued March 21. 1936

Certified by Robert S. Newton M.D.

No. 6**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Walter M. OrffuttName of deceased Edward Ellsworth ChaseAge 70 years 20 months 20 daysPlace of death SouthboroDate of death Mar. 20 1936Cause of death Hemorrhage Cerebral ApoplexyInterment at Rural Cemetery SouthboroDate permit issued 2nd March 24 1936

Certified by \_\_\_\_\_ M.D.

For removal from ~~plot~~ to another  
in same lot in Rural Cemetery

No. 5**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health  
(Office issuing permit)City or Town of Southboro, Mass.Name of deceased Edward Ellsworth ChaseIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural, Southboro  
(Name of cemetery or crematory)on Mar. 22, 1936.Certified by Walter H. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 6**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro, Mass.Name of deceased Edward Ellsworth ChaseIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural, Southboro, Mass.  
(Name of cemetery or crematory)on Mar. 24, 1936Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Second Permit issued  
A. B. Mattiot

No. 7

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J Brown

Name of deceased Anna Maria Santella

Age 72 years 8 months — days

Place of death Southboro Mass.

Date of death April 12, 1936

Cause of death Arterio Sclerosis, Chronic myocarditis

Interment at Immaculate Conception, Marlboro,

Date permit issued April 13, 1936

Certified by John J. Kelly M.D.

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health  
(Office issuing permit)City or Town of Southboro. Mass.Name of deceased Anna Maria SantellaIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Immaculate Conception Cemetery  
(Name of cemetery or crematory)on April 14, 1936Certified by John J. Fletcher  
(Signature of Superintendent, cemetery or crematory)

Officer in charge, undertaker should sign and return this stub.

No. 8**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Thos. F. CallananName of deceased Mrs Mary T. BrockAge 76 years 5 months 21 daysPlace of death Wood St. Southboro, MassDate of death June 7, 1936Cause of death Chronic myocarditis, Chr. Arterio Sclerosis.Interment at St John's Cemetery, Hopkinton.Date permit issued June 7, 1936Certified by Roland S. Newton M.D.

No. 1**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to

Board of Health  
(Office issuing permit)

City or Town of

Sauckboro

Mass.

Name of deceased

Mary F. BrockIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its terms

at

St. John's Hopkinton  
(Name of cemetery or crematory)

on

June 9 1934

Certified by

James H. O'Brien  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 9**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Irving W. Harper.Name of deceased Eveline M. MoreyAge 72 years 2 months 26 daysPlace of death Southboro, Mass.Date of death Aug. 21, 1936Cause of death arteriosclerosis  
myocarditis chronic  
coronary sclerosisInterment at Easthampton Mass.Date permit issued Aug 31, 1936Certified by William D. Roche M.D.

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Evelline M. MoreyIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Brookside Cemetery Easthampton  
(Name of cemetery or crematory) Masson Aug 6. 1936Certified by Edward Kuehler  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Thomas T. CallananName of deceased Francis LibertyAge 87 years \_\_\_\_\_ months \_\_\_\_\_ daysPlace of death SaundersDate of death 8-7-36Cause of death General Arterio-sclerosisInterment at St. John's Cemetery <sup>Washinton</sup>Date permit issued 8-9-36Certified by Hugh Falsam M.D.

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Town Clerk  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Marcus LibertyIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat St John Hopkinton  
(Name of cemetery or crematory)on Aug 10 1989Certified by James HCBuei  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 11

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm M. Tighe

Name of deceased Johanna B. Maley

Age 69 years  months  days

Place of death Southboro: Mass.

Date of death August-9. 1936

Cause of death 1. Coronary Thrombosis  
2. Carcinoma of Stomach

Interment at Rural Cemetery

Date permit issued August 10. 1936

Certified by E. W. Smith M.D.

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro. Mass.Name of deceased Johanna Maley.If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro,  
(Name of cemetery or crematory) Mass.on Aug. 12, 1936.Certified by J. M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

721

Copy sent to Flint Michigan

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Flint Michigan Undertaking Co.Name of deceased William KellyAge 51 years — months — daysPlace of death Flint MichiganDate of death June 30 . 1936 .Cause of death Coronary EmbolismInterment at Rural Cemetery SouthDate permit issued To Flint Michigan Undertaking Co.  
August 16 . 1936 .Certified by ? M.D.

Permit granted to Flint Michigan

## BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to

Board of Health  
(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Wm. Kelly

If a U. S. War Veteran, specify what war, organization,  
etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

Rural

(Name of cemetery or crematory)

on

Monday Aug 31, 1936

Certified by

Mr. B. F. Smith

(Signature of Superintendent, cemetery or crematory)

By Telephone

If there is no officer in charge, undertaker should sign and return this stub.

Body Shipped from Flint-Michigan

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to F. F. CallahanName of deceased Esther M. McColleganAge 76 years \_\_\_\_\_ months \_\_\_\_\_ daysPlace of death Southville Rd. Cordwells MassDate of death Sept 15 1936 - 9<sup>30</sup> amCause of death General Arteriosclerosis  
Cerebral HemorrhageInterment at St John's Cemetery  
Davenport MassDate permit issued Sept 16 1936Certified by Walter F. Mahoney M.D.

No. 1**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Esther M. Mc ColliganIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its terms -at St John's Hopkinton  
(Name of cemetery or crematory)on Sept 17 1934Certified by James H O'Brien  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1936No. 44**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Gibbs Funeral ServiceName of deceased H. Louise SunbergAge 57 years 9 months 19 daysPlace of death Woodland Rd Southboro. Mass.Date of death December 4. '36 10<sup>45</sup> PmCause of death Hypertension - Cerebral HemorrhageInterment at Rural Cemetery. TownDate permit issued Dec 5, 1936Certified by Hugh Fobson M.D.

No. 1**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased H. Louise SundbergIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro  
(Name of cemetery or crematory)on Dec. 6, 1936Certified by H. M. O'Connell  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1937

No. 124

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to H. L. GerryName of deceased William A. AndrewsAge 75 years 6 months 11 daysPlace of death SouthvilleDate of death Feb 13. 1937Cause of death Epilepsy, Arterio Sclerosis &Interment at Rural.Date permit issued Feb 14. 1937Certified by Roland S. Newton M.D.

No. 4**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased William A. AndrewsIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on February, 16, 1937.Certified by Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 3

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm M. Tighe

Name of deceased Charles Delanda

Age 75 years \_\_\_\_\_ months \_\_\_\_\_ days

Place of death Fayville. Mass

Date of death April 8. 1937

Cause of death Coronary Sclerosis

Interment at Rural Cemetery

Date permit issued April 9. 1937

Certified by Walter Mahoney M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Charles De laurdaIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southborough, Mass.  
(Name of cemetery or crematory)on April 10, 1937.Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Arthur H. DohertyName of deceased William F. Gorman  
31 Dummer Ave. Framingham, Mass.Age 32 years 9 months 13 daysPlace of death Woodland Rd. SouthboroDate of death Feb 13 - 1937Cause of death Punctured left lung.  
Fracture of ribs upper left side  
Autism and accidentInterment at St Francis Xavier Cemetery  
WeymouthDate permit issued Feb 15, 1937Certified by Dr Walter Mahoney M.D.  
Waltham, Mass.

No. 4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William LegheName of deceased Elizabeth Cantello EastmanAge 75 years 1 months 3 daysPlace of death Fayville. Mass.Date of death April 30, 1937Cause of death Sudden (Coronary Sclerosis)  
accident - april 9<sup>th</sup> '37Interment at RuralDate permit issued April 30<sup>th</sup>Certified by Dr. Walter Mahoney M.D.

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Elizabeth C. EastmanIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on May 2, 1937.Certified by H. M. O'Leary  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner GageName of deceased Daniel Fales BigelowAge 77 years 9 months 24 daysPlace of death Ward R.L. Otis Corner SouthboroDate of death May 17, 1937Cause of death Myocarditis; Apoplexy  
Arterio SclerosisInterment at RuralDate permit issued May 18, 1937Certified by D. W. Smith M.D.  
Marlboro.

No. 5**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

or Town of Southboro

Mass.

of deceased Daniel Hales BigelowU. S. War Veteran, specify what war, organization,  
\_\_\_\_\_  
\_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsRural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on May 20, 1937.Certified by Halter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 6**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Mr Offutt.Ashes of  
Name of deceased Wesley A. O'HenryAge 63 years — months — daysPlace of death New JerseyDate of death Jan 28. 1937Cause of death Coronary ThrombosisInterment at Rural CemeteryDate permit issued May 26, 1937Certified by M. L. Howard M.D.  
London. N. J.

No. 7

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John Cunningham

Name of deceased Julia Carrigan Cochrane

Age 66 years 3 months 28 days

Place of death Maple St. Fayville

Date of death May 30, 1937

Cause of death Arteriosclerosis, Cerebral Hem

Interment at Rural Cemetery

Date permit issued May 31, 1937

Certified by Dr. Hugh Folsom. M.D.

No. 7**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Julia B. CochraneIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.

(Name of cemetery or crematory)

on June 2, 1937.Certified by Walter M. Offutt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 8

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Brown

Name of deceased Charles E. Bagley

Age 51 years 8 months 20 days

Place of death Southboro.

Date of death June 20. 1937

Cause of death Coronary Thrombosis  
Pulmonary Embolus

Interment at Rural Cemetery

Date permit issued June 21. 1937

Certified by Hugh Falsom M.D.

No. 8**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to

Board of Health  
(Office issuing permit)

City or Town of

Southborough Mass.

Name of deceased

Charles E. BagleyIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its terms

at

Rural

(Name of cemetery or crematory)

on

June 22, 1937

Certified by

Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 9.**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer Gage

Name of deceased

Joanna Alderson

Age

70

years

3

months

10

days

Place of death

Newton St Southerno

Date of death

June 29. 1937

Cause of death

Carcinomatosis <sup>(2)</sup>

Interment at

Myocarditis <sup>(2)</sup>  
Rural Cemetery

Date permit issued

June 30. 1937.

Certified by

Oliver G. Tinkham M.D.Commonwealth Ave.  
Boston, Mass.

No. 9.**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased Johnna AldersonIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural, Southboro, Mass.

(Name of cemetery or crematory)

on July 1, 1937.Certified by Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 10

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. A. Coolson Frammingham

Name of deceased Albert Willard

Age 69 years        months        days

Place of death Fayville Mass.

Date of death August 10 1937

Cause of death Cerebral Hemorrhage,  
Arterio Sclerosis.

Interment at Rural Cemetery

Date permit issued Aug 12 1937.

Certified by Roy S. Morse. M.D.

No. 10**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Albert WillardIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural, Southboro, Mass.  
(Name of cemetery or crematory)on August 12, 1937Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 11

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter Offutt

ashes of  
Name of deceased Mary Rice

Age 73 years 6 months 5 days

Place of death Seattle, Washington

Date of death July 1937

Cause of death Acute Myocarditis

Interment at Royal Cemetery

Date permit issued August 12. 37

Certified by Dr. F. M. Carroll M.D.  
Seattle, Wash.

No. 11**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Mary RiceIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural, Southboro, Mass.  
(Name of cemetery or crematory)on August 14, 1937Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 12**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Tighe & SonName of deceased Harris CoyAge 23 years \_\_\_\_\_ months \_\_\_\_\_ daysPlace of death Durant OklahomaDate of death Sept 1. 1937Cause of death Fractured SkullInterment at RuralDate permit issued Sept 4. 1937Certified by Elsie Coaker - M.D.Board of Health.  
Durant. Okla.

No. 12**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to

Board of Health  
(Office issuing permit)

City or Town of

Southboro

Mass.

Name of deceased

Harris CoxIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its terms

at

Rural, Southboro, Mass  
(Name of cemetery or crematory)

on

September 5, 1937

Certified by

W. Moffitt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 13**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William A. TigheName of deceased Chas S. SibleyAge 74 years 8 months — daysPlace of death Southville, Mass.Date of death Sept - 13 - 1937Cause of death Arteriosclerosis  
arteriosclerotic Heart Disease  
Congestive FailureInterment at Evergreen Cemetery  
Leominster, Mass.Date permit issued Sept 14, 1937Certified by Hugh Folsom M.D.

No. 13**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Charles S. SibleyIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Evergreen Cemetery, Leominster, Mass.  
(Name of cemetery or crematory)on Sept. 16, 1937.Certified by James Beegh, Supt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 14**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Summer GageName of deceased Angie E. JayenAge 49 years 5 months — daysPlace of death Edgewood R. SouthboroDate of death Oct-1. 1937Cause of death Coronary SclerosisInterment at Rural CemeteryDate permit issued Oct-2. 1937Certified by Walter C. Mahoney M.D.  
Med. Examiner

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro

Mass.

Name of deceased Amey E. TaylorIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro  
(Name of cemetery or crematory)on Oct. 23, 1937Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William M. LegheName of deceased Sarah Crosby CameronAge 53 years 3 months 28 daysPlace of death Parkerville Rd. SouthvilleDate of death Oct 5, 1937Cause of death Myocarditis - Chronic  
General arteriosclerosisInterment at Greenlawn Cemetery  
Salem, Mass.Date permit issued Oct 5, 1937Certified by Dr. Roland Newton M.D.

No. 15**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southborough Mass.Name of deceased Sarah C. CameronIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Greenlawn Cemetery

(Name of cemetery or crematory)

on Oct-8 1937Certified by Charles F. Ropes

(Signature of Superintendent, cemetery or crematory)

There is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William M. TigheName of deceased Abbie Dorr JonesAge 73 years — months — daysPlace of death Southville, massDate of death Oct 20 1937Cause of death Pneumonia - Bronchiae  
Influenza.Interment at RuralDate permit issued Oct-21-1937Certified by Roland S. Newton M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased Abbie Dorr JonesIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Purd Cemetery Southboro

(Name of cemetery or crematory)

on Oct. 27, 1934Certified by Valter M. Coffin

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 17**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Summer GageName of deceased Helen S. MetcalfAge 59 years 4 months  daysPlace of death Sacchboro Mass.Date of death Oct 23, 1937Cause of death Chronic Ulcerative Colitis  
Secondary AnemiaInterment at RuralDate permit issued Oct 25, 1937Certified by Dr. Hugh F. Talbot M.D.

No. 17

## BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Heleen S. Metcalf

If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)

on October 26, 1937.

Certified by Walter M. Smith  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 18**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner GageName of deceased Walter G. MingoAge 71 years 7 months 13 daysPlace of death Main St. SouthboroDate of death Nov 3. 1937Cause of death Ulcer ofInterment at Mt Auburn Cambridge

Date permit issued \_\_\_\_\_

Certified by \_\_\_\_\_ M.D.

No. 18**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro . Mass.Name of deceased Walter G. MingoIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Mount Auburn Cemetery  
(Name of cemetery or crematory)on November 6, 1937Certified by John F. Peterson  
(Signature of Superintendent, cemetery or crematory) *m.B.*

If there is no officer in charge, undertaker should sign and return this stub.

No. 19**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to M. C. McNeillName of deceased Louise MitchellAge 82 years \_\_\_\_\_ months \_\_\_\_\_ daysPlace of death Pleasant St., FayvilleDate of death Nov 20 1937Cause of death Coronary SclerosisInterment at Rural CemeteryDate permit issued Nov 22 1937Certified by Walter Mahoney M.D.

No. 19**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Heath

(Office issuing permit)

City or Town of Southborough Mass.Name of deceased Louis MitchellIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery Southboro,  
(Name of cemetery or crematory)on November 23, 1937.Certified by Walter M. Gifford  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 20.

# BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John A Cunningham.

Name of deceased John Cochran.

Age 63 years 10 months 10 days

Place of death Faegville

Date of death Dec 4 1937

Cause of death Coronary Sclerosis

Interment at Rural Cemetery

Date permit issued Dec 5.

Certified by Dr Walter Mahoney M.D.

No. 20**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John B CochraneIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Purcell Cemetery Southboro  
(Name of cemetery or crematory)on Dec. 6, 1937Certified by Nathan M. Coffey  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 21

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. S. Waterman Co.  
Boston Mass.

Name of deceased William W. Barber

Age 72 years — months — days

Place of death Southboro Mass.

Date of death Dec. 7. 1937

Cause of death General Arteriosclerosis  
Coronary Sclerosis  
" Thrombosis  
Congestive Heart Failure

Interment at Rural Cemetery.

Date permit issued Dec. 7. 1937.

Certified by Dr. Hugh Folsom M.D.

No. 21**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro. Mass.Name of deceased BarberIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro.

(Name of cemetery or crematory)

on Dec. 9, 1937Certified by J. M. C. Hull

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 27**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Hannah G. WryeIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro  
(Name of cemetery or crematory)on December 28, 1937Certified by J. M. O'Neil  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 231938**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

William T. Harold Tighe

Name of deceased

Carmelo Aspersi

Age

67

years

months

days

Place of death

Fayetteville.

Date of death

Jan 18. 1938

Cause of death

Coronary Sclerosis

Interment at

Rural

Date permit issued

Jan 19. 1938.

Certified by

Walter Mahoney

M.D.

No. 209**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Lamille AspesiIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro,  
(Name of cemetery or crematory)on January 26, 1938.Certified by Walter M. Offutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Wm T Hamed Tighe

Name of deceased

Mrs Mary C McDonald

Age

69

years

11

months

days

Place of death

Middle Rd. Southboro

Date of death

Jan 26 - 1938

Cause of death

Coronary Sclerosis

Interment at

Rural Cemetery

Date permit issued

Jan 28, 1938

Certified by

Hugh Folsom

M.D.

No. 24**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Mrs Mary C. McDonaldIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro  
(Name of cemetery or crematory)on January 29, 1938Certified by Walter M. C. Hull  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938No. 4**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to F. A. CooksonName of deceased Kathern MullenAge 71 years — months — daysPlace of death FayettevilleDate of death April 8. 1938Cause of death Arteriosclerosis withParalysis Agitans. ArteriosclerosisMyocarditis. Broncho PneumoniaInterment at Rural CemeteryDate permit issued April 9. 1938Certified by Dr. Hugh Folsom M.D.

No. 4**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased Kathleen MullinIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on April 11, 1938.Certified by Walter M. O'Hara

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 3.**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Summer Gage - Marlboro Mass.Name of deceased Angelina F. NewtonAge 87 years 13 months 13 daysPlace of death Central St - FayvilleDate of death March 21, 1938Cause of death Arterio SclerosisInterment at Maplewood Cem. MarlboroDate permit issued Mar 22, 1938Certified by Roland S. Newton M.D.

1938No. 5**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to L. Brooks Saville,  
Arlington.

Name of deceased Richard Francis Burns,

Age 81 years — months 12 days

Place of death Southboro, Mass.

Date of death April 11, 1938

Cause of death Coronary Thrombosis.

Interment at Hale St. Cem. Beverly.

Date permit issued April 11, 1938

Certified by Hiram H. Amiral M.D.

No. 5**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Richard Francis BurnsIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Central  
(Name of cemetery or crematory)on April 13, 1938Certified by George A. Appleton, Supt.  
(Signature of Superintendent, cemetery or crematory) *25m*

If there is no officer in charge, undertaker should sign and return this stub.

1938

No.

6

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

T. F. Callahan &amp; Son

Name of deceased

Daniel F. Harrington

Age

68

years

— months

— days

Place of death

Southville

Date of death

April 9, 1938

Cause of death

Cerebral Hemorrhages

Senile Arterio Sclerosis

Interment at

Rural Cemetery

Date permit issued

April 11, 1938

Certified by

Dr. Walter F. Mahoney

M.D.

No. 6**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Daniel F. HarringtonIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on April 12, 1938.Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938No. 7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Frank E. PhilletName of deceased John W. PillockAge 76 years 8 months 0 daysPlace of death SouthboroDate of death Apr 29, 1938Cause of death Coronary SclerosisInterment at Rural Cem SouthboroDate permit issued Apr 30,Certified by Walter T. Maloney M.D. Wled ex

No. 7**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John W. PillockIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro  
(Name of cemetery or crematory)on May 1, 1938Certified by Walter M. O'Hara  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No.

8

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Catherine E. McGrath

Age

66

years

1

months

29

days

Place of death

Marlboro Hospital

Date of death

May 13, 1938

Cause of death

General Atherosclerosis  
Paralysis agitans

Interment at

Immaculate Conception Marlboro

Date permit issued

May 15, 1938

Certified by

Dr. Hugh Folson

M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Catherine Elizabeth McQuathIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Immaculate Conception Cemetery, Marlboro  
(Name of cemetery or crematory)on May 16, 1938.Certified by John F. Fletcher.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 9

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

William M. Tighe

Name of deceased

Eliza A. (Fay.) Bacon

Age

95

years

— months

days

Place of death

Southboro Mass

Date of death

June 9, 1938

Cause of death

Arterio Sclerosis Chronic

Interment at

Rural Cemetery

Date permit issued

June 10, 1938

Certified by

Dr Roland S. Newton M.D.

No. 9.**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Eliza A. (Fay) BaconIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro.  
(Name of cemetery or crematory)on June 12, 1938.Certified by J. M. Offutt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 10

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William M. TigheName of deceased Thomas C. MonahanAge 15 years 9 months — daysPlace of death Southborough MassDate of death June 14, 1938Cause of death Asphyxiation by accidental  
drowningInterment at Immaculate Conception MairieDate permit issued June 15, 1938Certified by Dr Walter Mahoney M.D.

1938

No. 11**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

of ashes from U.S.A. to Nova Scotia

Issued to

Summer C. Gage

Name of deceased

Walter Gordon Mingo

Age 71 years 7 months 13 days

Place of death

Main St. Southboro

Date of death

November 3, 1937 <sup>cremated</sup> on Nov. 7

Cause of death

Stomach ulcers, perforating

Interment at

Greenfield, Nova Scotia

Date permit issued

June 23, 1938

Certified by

M.D.

No. \_\_\_\_\_

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to (~~JAMES F. TELFER~~ James F. Telfer  
(Office issuing permit)City or Town of Southboro Mass. U.S.Name of deceased Walter G. MingoIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the <sup>ashes</sup>~~body~~ accompanying this permit was disposed of in accordance with its termsat Greenfield Queens Co N.H.  
(Name of cemetery or crematory)on July 2<sup>nd</sup> 1938Certified by Indam Freeman public H  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 12

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Summer E. GageName of deceased James Appleton Thayer Jr.Age 14 years 3 months 13 daysPlace of death Wilson Point Norwalk Conn.Date of death July 5. 1938Cause of death Asphyxia due to strangulation  
caused by hangingInterment at Rural CemeteryDate permit issued July 8. 1938Certified by W. H. McMahon, M.D. Med Exam  
South Norwalk Conn. M.D.

No. 12**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased James Appleton Thayer Jr.If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery Southboro  
(Name of cemetery or crematory)on July 8, 1938.Certified by W. M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 14

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Lanternman & Hughes Inc. N.J.Name of deceased George H. BarberAge 43 years 4 months 29 daysPlace of death N.J. State HospitalDate of death Aug 4. 1938Cause of death Alcoholic cirrhosis of liver. Acute hemorrhagic gastroenteritis 2nd day to the cirrhosisInterment at Rural CemeteryDate permit issued Aug 6 1938Certified by Joseph Donovan M.D.

No. 14**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased George H. BarkerIf a U. S. War Veteran, specify what war, organization,  
etc. World War**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery Southboro  
(Name of cemetery or crematory)on Aug. 6, 1958Certified by St. M. O'Hall.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 13

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner C. GageName of deceased Herbert B. HowardAge 67 years 11 months 22 daysPlace of death SouthboroDate of death August 4, 1938Cause of death Cerebral hemorrhage (Pagets Disease)Interment at Rural CemeteryDate permit issued Aug 6 1938Certified by Dr. Sher (Maulboro) M.D.

No. 13**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Hubert B. HowardIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery Southboro Mass.  
(Name of cemetery or crematory)on Aug. 7, 1938.Certified by Walter M. C. Hill  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 15

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to J. F. Callanan & SonName of deceased Lawrence D. FinnAge 75 years — months — daysPlace of death SouthboroDate of death Sept 10. 1938Cause of death Sudden death presumably  
Coronary SclerosisInterment at Rural CemeteryDate permit issued Sept 11 1938Certified by Walter F Mahoney M.D.

No. 15

## BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH  
(Office issuing permit)

City or Town of SOUTHBORO Mass.

Name of deceased Lawrence D. Finn

If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)

on September 13, 1938.

Certified by N. M. Effatt.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 16**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

George H. Gregston

Name of deceased

Warner Olund

Age

58

years

months

days

Place of death

Stockholm Sweden

Date of death

Aug 6 1938

Cause of death

Cardiac Artero Sclerosis

Interment at

Brunel Cemetery

Date permit issued

Oct 10 1938

Certified by

M.D.

No. 16**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH  
(Office issuing permit)City or Town of SOUTHBORO Mass.Name of deceased Harner IslandIf a U. S. War Veteran, specify what war, organization,  
etc. Age. 59 yrs. 4 mo. 27 daysMar 10, 1879Aug. 6, 1938**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro  
(Name of cemetery or crematory)on October 13, 1938.Certified by N. M. O'Hill  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 17

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to F. A. CooksonName of deceased James D. BruceAge 71 years — months — daysPlace of death SouthvilleDate of death Oct 30. 1938Cause of death Pernicious AnemiaInterment at Edgell HomeDate permit issued Nov. 1. 1938Certified by W. H. Lane M.D.

No. 17**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased James D. BruceIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Spiegel Grove Xpianingham

(Name of cemetery or crematory)

on Nov. 2. 1936Certified by E. A. Hales

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No.

18

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to William M. Tighe

Name of deceased Mary E. Creamer

Age 81 years 9 months 7 days

Place of death Fairville

Date of death Nov. 14. 1938

Cause of death Myocarditis

Interment at Mt. Auburn Hopkinton

Date permit issued Nov. 15 1938

Certified by Roland Newton M.D.

No. 18**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health

(Office issuing permit)

City or Town of Scituate

Mass.

Name of deceased Mary E. CreamerIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Nt. Auburn Cemetery, Hopkinton Mass

(Name of cemetery or crematory)

on November 16, 1938Certified by Albert E. Boyne, Caretaker

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 19

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Apolonia Minnucci

Age

82

years

10

months

days

Place of death

Fayville

Date of death

Nov 18, 1938

Cause of death

Ch. Myocarditis

Interment at

Rural Cemetery

Date permit issued

Nov. 19 1938

Certified by

Walter F. Mahoney M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health

(Office issuing permit)

City or Town of Southboro Mass.Name of deceased Epilovina MinnelliIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on November 20, 1938.Certified by K. M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 20

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to George A. WadsworthName of deceased Joseph MastersonAge 83 years 4 months 28 daysPlace of death Cordville Road, SouthboroDate of death November 22, 1938Cause of death Myocarditis chronicInterment at Edgell Grove, FraminghamDate permit issued November 24, 1938Certified by Roland Newton M.D.

No. 20**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Joseph MastersonIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Edgell Grove  
(Name of cemetery or crematory)on Nov. 25, 1938Certified by E. A. Hales  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

1938

No. 21

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to W.E. Mc NiffName of deceased Andrei MitchellAge 43 years — months — daysPlace of death FayvilleDate of death Dec 24 1938Cause of death Rheumatic heart disease  
(ascites)Interment at Rural CemeteryDate permit issued Dec 25 1938Certified by Theo M. Poirier M.D.

No. 21**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Andrie MitchellIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Southboro, Mass. (Rural Cemetery)  
(Name of cemetery or crematory)on December 26. 1938.Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 22**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner GageName of deceased Harriet G. WrayAge 78 years 1 months 3 daysPlace of death Newton St Northboro.Date of death Dec 26 . 1937Cause of death MyocarditisInterment at RuralDate permit issued Dec 28. 1938Certified by Dr Roland Newton M.D.

1939

No. 1**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John P. Rowe

Name of deceased

William J. Boland

Age

75

years

4

months

3

days

Place of death

Southboro

Date of death

Jan. 3. 1939

Cause of death

Arterio Sclerosis (Myocarditis)

Interment at

Rural Cemetery

Date permit issued

Jan. 5 1939

Certified by

William J. Delaney.

M.D.

No. 1**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health

(Office issuing permit)

City or Town of Southboro

Mass.

Name of deceased William J. BolandIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Southboro, Mass. Rural Cemetery.

(Name of cemetery or crematory)

on January 7 1939.Certified by H. M. Offutt.

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

B. S. Eastman

Name of deceased

Ellen Freeman Gay

Age

73

years

8

months

14

days

Place of death

Wolf Hill Farm

Date of death

Jan. 20, 1939

Cause of death

Cerebral Hemorrhage

Interment at

Mt. Auburn Cem. Cambridge

Date permit issued

Jan. 21, 1939

Certified by

Hugh Folsom

M.D.

No. 3**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ellen Freeman GayIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Mt. Auburn Cemetery  
(Name of cemetery or crematory)on January 23. 1939Certified by J. F. Peterson  
(Signature of Superintendent, cemetery or crematory)  
E. J. O.

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Short & Williamson

Name of deceased

William R. Brownell

Age

77

years

-

months

6

days

Place of death

Southboro Mass

Date of death

January 27 1939

Cause of death

Broncho pneumonia

Interment at

Rivier Cemetery

Date permit issued

January 28. 1939

Certified by

Hugh Folsom.

M.D.

No. 4**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased William T. BrownellIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro, Mass.  
(Name of cemetery or crematory)on January 29, 1939.Certified by Walter M. O'Neill  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage, MarlboroName of deceased Gertrude L. BigelowAge 68 years 11 months 1 daysPlace of death Oak Hill RoadDate of death Feb. 8, 1939Cause of death Carcinoma right breastInterment at Woodlawn cemetery  
Attleboro, Mass.Date permit issued Feb. 9, 1939Certified by Carlton Crosby M.D.  
Framingham

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to J. J. Callanan & Son'sName of deceased John HaleyAge 75 years \_\_\_\_\_ months \_\_\_\_\_ daysPlace of death SouthboroDate of death Feb. 10, 1939Cause of death Coronary SclerosisInterment at St. John's Cemetery  
Hopkinton, MassDate permit issued Feb. 11, 1939Certified by Walter F. Mahoney M.D.  
Westboro, Mass

No. 5**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased John HaleyIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat S. O. Gahm Daphnenter  
(Name of cemetery or crematory)on Feb 18 1989Certified by James M. Burr  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Vernon E. Morrill

Name of deceased

Harry Onthank

Age

79

years

10

months

23

days

Place of death

Howard, R.I.

Date of death

March 4, 1939

Cause of death

BronchopneumoniaGen. arteriosclerosis

Interment at

Rural Cem. Southboro

Date permit issued

March 7, 1939

Certified by

Rayson P. Crank

M.D.

No. 6**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Harry OnthankIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat RURAL CEMETERY, Southborough, Mass.  
(Name of cemetery or crematory)on March 7, 1939.Certified by J. M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 7**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Lester - Ledoux

Name of deceased

Delia C. Ledoux

Age

76

years

8

months

18

days

Place of death

Main St Southboro

Date of death

March 21/1939

Cause of death

Reliculus ept sarcina  
of virus Broncho Pneumonia

Interment at

Nashua N. H.

Date permit issued

March 22, 1939

Certified by

Dr. David D. Sher

M.D.

No. 9**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)City or Town of Southtown Mass.Name of deceased Ruby A. CuttingIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Edgell Grove Framingham  
(Name of cemetery or crematory)on April 7. 1939Certified by E. A. Stales  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 8**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Summer C. Gage

Name of deceased

Sarah A. Hapgood

Age

78

years

7

months

15

days

Place of death

Oak Hill Road

Date of death

April 3, 1939

Cause of death

Pernicious anemia

Interment at

Main Street Cemetery  
Hudson, Mass.

Date permit issued

April 4, 1939

Certified by

Chiron H. Smith  
Marlboro, Mass.

M.D.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner C. Gage

Name of deceased

Ruby A. Cutting

Age

94

years

5

months

4

days

Place of death

Southboro

Date of death

April 4, 1939

Cause of death

General Arterio Sclerosis

Interment at

Edgell Grove Frammingham

Date permit issued

April 6, 1939

Certified by

Charles L. Cutler Jr. M.D.  
Marlboro

No. 10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Walter CollinsName of deceased Ida T. NewtonAge 86 years 8 months 13 daysPlace of death Mobile, Orchard Ala.Date of death Nov. 8. 1939Cause of death (Hypertensive heart disease)Interment at Rural CemeteryDate permit issued June 20 1939 ✓Certified by A. M. Cowden M.D.

No. 10**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board Of Health.  
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ida T. NewtonIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro  
(Name of cemetery or crematory)on June 22, 1939.Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

For County Use		<b>CERTIFICATE OF DEATH</b> <b>STATE OF ALABAMA—BUREAU OF VITAL STATISTICS</b> <b>STATE BOARD OF HEALTH</b>		File No. for State Registrar Only.
1. PLACE OF DEATH		Reg. District No. _____		Certificate No. _____
County <u>Mobile</u>		Beat No. _____		To Be Inserted By Registrar
City or Town <u>Orchard, Ala.</u>		No. _____		Street _____
R.F.D. <u>1</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
1a. PLACE OF RESIDENCE: State <u>Alabama</u>		Length of residence where death occurred <u>86 yrs. 8 mos. 12 days</u>		
(Usual place of abode)				
County <u>Mobile</u>		Beat <u>about 6 years</u>		
City or Town <u>Orchard, Ala.</u>		No. _____		Street _____
R.F.D. <u>1</u>				
2. FULL NAME <u>Ida J Newton</u>				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Henry Newton of Seattle Wash.</u>				
6. DATE OF BIRTH (month, day, and year) <u>Feb. 26, 1852</u>				
7. AGE <u>86</u>	Years <u>8</u>	Months <u>13</u>	Days <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u> </div> <div style="width: 45%;"> 11. Total time (years) spent in this occupation _____ </div> </div>				
10. Date deceased last worked at this occupation (month and year) _____				
12. BIRTHPLACE (city or town) (State or country) <u>Southborough Mass. Monson</u>				
13. NAME <u>Ira Fales</u>				
14. BIRTHPLACE (city or town) (State or country) <u>D.K. Holden Mass.</u>				
15. MAIDEN NAME <u>Adeline King</u>				
16. BIRTHPLACE (city or town) (State or country) <u>D.K. Salem Mass.</u>				
17. INFORMANT <u>Mrs. J.N. Leonard</u> (Address) <u>Crichton Ala.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Macon, Georgia</u> Date <u>Nov. 9, 1938</u>				
19. UNDERTAKER <u>Higgins Mortuary</u> (Address) _____ License No. _____				
20. Filed _____, 193 _____ Registrar _____				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>Nov. 31, 1938</u>				
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 24</u> , 19 <u>38</u> to <u>Nov. 3</u> , 19 <u>38</u>				
I last saw her alive on <u>Nov. 7</u> , 19 <u>38</u> , death is said to have occurred on the date stated above, at <u>4</u> A.m.				
THE PRINCIPAL CAUSE OF DEATH and RELATED CAUSES of importance in order of onset were as follows: <u>Paralysis</u>				
CONTRIBUTORY CAUSES of importance NOT RELATED to principal cause: <u>Hypertensive heart disease 2</u>				
Was an operation performed? <u>No</u> Date of _____				
For what disease or injury? _____				
What test confirmed diagnosis <u>Clenical</u> Was there an autopsy? _____				
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury? _____, 19 _____				
Where did injury occur? _____ (Specify city or town, county, and State)				
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE _____				
Manner of injury _____				
Nature of injury _____				
24. Was disease or injury in any way related to occupation of deceased? _____				
If so, specify _____				
(Signed) <u>Am Cowden</u> , M. D.				
19 _____ (Address) <u>Crichton</u>				
Date of Issue _____				
Burial or Transit Permit Issued by _____				

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Robert Bice

Name of deceased

Curtis R. Knight

Age

51

years

—

months

—

days

Place of death

Southboro Mass

Date of death

July 15, 1939

Cause of death

R.A. of Lung) Myocardial Failure

Interment at

Walnut Hill Brookline

Date permit issued

July 18, 1939

Certified by

Patterson R. Crosby

M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to **BOARD OF HEALTH**

(Office issuing permit)

City or Town of **SOUTHBORO** Mass.Name of deceased **Curtis R. Knight**If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat **Walnut Hills**  
(Name of cemetery or crematory)on **July 17 1939**Certified by **H B Fisher**  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 12**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner L. SageName of deceased Minifred L. WalkerAge 39 years 10 months 12 daysPlace of death Oak Hill Road Fayette  
Carcinoma of RectumDate of death July 18-39Cause of death Carcinoma of RectumInterment at Burial Home - SouthboroDate permit issued July 18-39Certified by Thomas Cuddy M.D.

No. 12

## BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH  
(Office issuing permit)

City or Town of SOUTHBORO Mass.

Name of deceased Winifred E. Walker

If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_

### ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro.  
(Name of cemetery or crematory)

on July 20, 1939.

Certified by Walter M. O'Hall.  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 13**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner C. Sage

Name of deceased

Charles J. Richardson

Age

67

years

11

months

19

days

Place of death

Frammingham Rd Southboro

Date of death

July17 - 39

Cause of death

Cerebral Thrombosis

Interment at

Forestdale Cem. Malden  
Mass

Date permit issued

July 18 - 39

Certified by

Clyde W. Merrill M.D.

No. 13**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH

(Office issuing permit)

City or Town of SOUTHBORO Mass.Name of deceased Charles J. RichardsonIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat FOREST DALE CEMETERY  
(Name of cemetery or crematory)on July 19-1939Certified by Edith S. Gould A.C. Spd  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

## BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to

Walter Offutt

Name of deceased

Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Place of death

Date of death

Cause of death

Interment at

Date permit issued

Sept 19, 1939

Certified by

M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

**BOARD OF HEALTH**

to \_\_\_\_\_

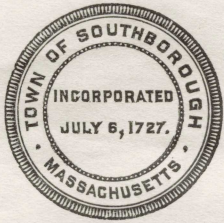
(Office issuing permit)

City or Town of SOUTHBORO Mass.Name of deceased Tranere ColletteIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rural Cemetery, Southboro,  
(Name of cemetery or crematory)on September 20, 1939.Certified by Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



OFFICE OF  
THE CEMETERY COMMISSIONERS  
SOUTHBOROUGH, MASSACHUSETTS

September 19, 1939

Board of Health,  
Southboro, Mass.

Gentlemen:

Attn. - Mr. Telfer.

Will you please issue a permit to disinter  
remove and reinter the remains of Trancrede Collette,  
from the Grave now occupied to a new location in the  
cemetery.

We have received authorization for this  
transfer from the legal custodian of the body.

Very truly yours,

The Cemetery Commissioners,

By *Walter M. Offutt*  
Walter M. Offutt, Supt.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

John J. Brown

Name of deceased

Cora Faulkner Cole

Age

66

years

—

months

1

days

Place of death

Southville Mass.

Date of death

Oct. 13. 1939

Cause of death

(Cerebral Hemorrhage) Arterio  
Sclerosis

Interment at

Rural Cemetery

Date permit issued

Oct. 14. 1939

Certified by

W. J. Cochrane  
Weston Mass.

M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to **BOARD OF HEALTH**

(Office issuing permit)

City or Town of **SOUTHBORO** Mass.Name of deceased Cora Faulkner Cole.If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat RURAL CEMETERY, Southboro, Mass.

(Name of cemetery or crematory)

on October 16, 1939.

Certified by

Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 16**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Eugene J. McCarthyName of deceased Agnes BrennanAge 39 years 2 months - daysPlace of death Southboro Mass.Date of death Oct 14. 1939Cause of death Coronary SclerosisInterment at St Josephs. West RoxburyDate permit issued Oct 16. 1939Certified by Walter F. Mahoney M.D.

**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to **BOARD OF HEALTH**

(Office issuing permit)

City or Town of **SOUTHBORO** Mass.

Name of deceased

*Agnes Dunnon*If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its terms  
*West Roxbury, Mass.***ST. JOSEPH CEMETERY**at *James M. Driscoll, Supt.*  
(Name of cemetery or crematory)*West Roxbury, Mass.*on **OCT 17 1939****ST. JOSEPH CEMETERY***James M. Driscoll, Supt.*Certified by \_\_\_\_\_  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

Sumner L. Gage

Name of deceased

Hazel Marie Kiles

Age

12

years

0

months

9

days

Place of death

Marlboro Rd., Southboro

Date of death

October 31, 1939

Cause of death

Fractured skull } from  
" " } spine } auto accident  
(lumbar)

Interment at

Rural Cemetery

Date permit issued

Nov. 1, 1939

Certified by

M.D.

No. 17**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

**BOARD OF HEALTH**

to \_\_\_\_\_

(Office issuing permit)

City or Town of SOUTHBORO Mass.Name of deceased Hazel Marie KilesIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat RURAL CEMETERY, Southborough, Mass.  
(Name of cemetery or crematory)on November 2, 1939.

Certified by

Walter M. Offutt  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Summer C. GageName of deceased Walter E. MorseAge 60 years 9 months 10 daysPlace of death Main St., SouthboroDate of death Nov. 1, 1939Cause of death Sudden death -- presumably  
Coronary Sclerosis.Interment at Rocklawn Cemetery, MarlboroDate permit issued Nov. 3, 1939

Certified by \_\_\_\_\_ M.D.

No. 18**BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to BOARD OF HEALTH

(Office issuing permit)

**SOUTHBORO**

City or Town of \_\_\_\_\_ Mass.

Name of deceased Walter E. MorseIf a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its termsat Rocklawn Cemetery  
(Name of cemetery or crematory)on November 4, 1939Certified by Wilbur L. Williams  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Sumner C. GageName of deceased Addie Belle (Nott) HendersonAge 78 years 2 months 12 daysPlace of death Hammond St, CordavilleDate of death Nov. 14, 1939Cause of death Apoplexy CerebralInterment at Rural Cemetery SouthboroDate permit issued Nov. 14, 1939Certified by Roland S. Newton M.D.

No. \_\_\_\_\_

## BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health  
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Addie Belle (Nutt) Henderson

If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this  
permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.  
(Name of cemetery or crematory)

on November 16, 1939.

Certified by Walter H. O'Neil  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

William M. Tighe

Name of deceased

Adelbert Edwin Collins

Age

79

years

1

months

12

days

Place of death

Central St Jayville

Date of death

December 8, 1939

Cause of death

Broncho-pneumonia

Interment at

Rural Cemetery

Date permit issued

Dec 9, 1939

Certified by

Roland S. Newton M.D.

No. 20

# BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Adelbert Edwin Collins

If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southborough, Mass.  
(Name of cemetery or crematory)

on ~~Nov~~ December 10, 1939.

Certified by Walter M. O'Neill  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 2221**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to A. W. Folsom to SonName of deceased Paula (Dahl) SundlieAge 76 years 5 months 1 daysPlace of death Southboro MassDate of death Dec 10 1939Cause of death Hypertensive Heart DiseaseInterment at Forest Hills BostonDate permit issued Dec 11. 1939Certified by Hugh Folsom M.D.

No. 2221

# **BURIAL (OR REMOVAL) PERMIT**

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Paula (Dahl) Sundlie

If a U. S. War Veteran, specify what war, organization,  
etc. \_\_\_\_\_

## **ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at FOREST HILLS CEMETERY  
(Name of cemetery or crematory)

on DEC 12 1939

Certified by Henry S. Adams  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

*[Handwritten signature]*

No. 22**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to

William M. Tizho

Name of deceased

James A. Harris

Age

46

years

months

days

Place of death

Southboro

Date of death

Dec 25 1939

Cause of death

Coronary Sclerosis

Interment at

Rural Cemetery

Date permit issued

Dec39

Certified by

Walter Mahoney

M.D.

No. 22

# BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health  
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased James A. Harris

If a U. S. War Veteran, specify what war, organization,  
etc. World

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY, Southboro, Mass.  
(Name of cemetery or crematory)

on December 27, 1939.

Certified by Walter M. O'Hall  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.